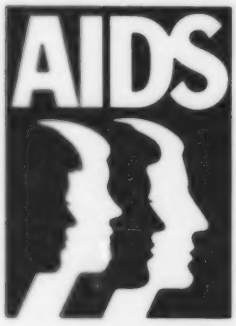
AIDS INFORMATION FOR THE WORKPLACE



BE RESPONSIBLE...
FOR LIFE

BC Ministry of Health • Hon. Peter A. Dueck, Minister

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Executive Summary

This booklet indicates why companies should address the issue of AIDS in the workplace. It identifies a response that companies can adopt, and it outlines the various considerations that should be kept in mind when taking action.

The introduction of the document focuses primarily on the reasons for taking action, using a case study to show what can go wrong if company managers and employees are not prepared to deal with the discovery that someone in the company has become infected with the AIDS virus. This section is recommended reading for senior managers, since it provides a rationale for the remainder of the document.

The main content of the document is contained in the section on Policy Development. Policy development is identified as the appropriate corporate response to the issue of AIDS in the workplace. Specifically, it is recommended that companies adopt a policy that (1) outlines how the company would respond were it known or believed that an employee had become infected with the AIDS virus and (2) makes provision for educating all employees about the issue and about the company's approach to dealing with it. Considerations related to nine separate aspects of policy development are dealt with in turn, and a number of specific suggestions for shaping policy are offered. This section is recommended reading for all those who are directly involved in the task of developing a company policy on AIDS in the workplace.

In order to provide an example of what a complete policy might look like, the Appendix to this document contains a copy of the personnel policy adopted by the Province of British Columbia to deal with the issue of AIDS in the workplace.

DISCLAIMER: It should be noted that although this document makes reference in various places to the possible legal consequences of certain courses of action, it is not a legal opinion and should not be relied upon as such. In all cases where specific legal questions arise, legal advice should be sought.

Introduction

As of December 1987, it is estimated that there are 6,000 to 10,000 people in British Columbia infected with the AIDS virus. Infection is no longer confined exclusively to those in "high-risk" groups – male homosexuals and IV drug users. Anyone who engages in high-risk behaviour is open to transmission. For you the employer, the question is probably not, "Will one of my employees be affected?" but rather, "When will it happen, and what impact will it have on the company?"

These are important questions, for AIDS can be a costly disease. Apart from the obvious human costs, and the substantial medical costs involved in treating someone who goes from being infected (HIV Positive) to actually having AIDS, there are numerous hidden costs. There are the costs of lost productivity from the affected employee, family members, and concerned friends. There are as well the costs of workplace disruptions that can occur if other employees learn that a co-worker is infected and panic, refusing to share the same workplace or insisting on extraordinary safeguards. There are, finally, the costs arising from legal liability if ill-considered action on the part of individual company managers leads to accusations of discrimination or wrongful labour practice. Consider the following hypothetical case study:

A Hypothetical Case Study

Robert D. was a line manager for a light industrial company located in Vancouver. With modern facilities and a staff of 65, the company was productive and profitable. Robert enjoyed the full confidence of his superiors and was generally well liked by the employees.

It was Robert's approachability that led John, one of the shipping and receiving staff, to confide in him. A conscientious employee of eight years' standing, John had been with the company longer than any of the other staff in shipping and receiving. As the person most directly concerned with inventory and supplies, John was in frequent touch with every department of the company and had developed personal contacts with the many suppliers and clients he dealt with regularly. Now, though, John was upset and in need of support. He had been feeling unusually tired lately and had recently developed swollen glands in his neck. Upon consulting his doctor, he had been asked to take a test for the presence of AIDS antibodies. The test results had indicated that John was seropositive – infected with the AIDS virus.

When he came to see Robert, John was feeling profoundly depressed and was convinced he had not long to live. Robert's initial reaction to John's news was one of shock and sympathy. He tried to convey supportiveness and to reassure John, saying that being infected with the AIDS virus was not the same thing as having AIDS, and putting forward the optimistic view that John might not go on to develop the disease. He also indicated that John's biggest concern should be to look after himself and get plenty of rest.

Shock, sympathy, fear, and concern are all natural reactions when someone learns that a co-worker has AIDS or is infected with the AIDS virus. Company managers are not immune to these feelings, and this sometimes gives rise to inappropriate responses or prevents recognition of the best course of action. A clear company policy that managers are aware of and can look to for guidance will help them deal with a potential crisis in a sensitive and sensible manner that protects everyone's interests.

The persons most likely to become victims of the AIDS epidemic are those in their twenties or thirties. In 1986, in the city of New York, AIDS was recorded as the leading cause of death among men between the ages of 24 and 44 and among women between the ages of 25 and 34. People in this age group constitute an important part of the workforce. The skills, experience, and energy they bring to the job can be a company's most important asset. The prospect of losing this kind of employee should be reason enough for a company to address the issue of AIDS and to support prevention through education.

Anxious to do something once John had left, Robert decided to bring the situation to the attention of his immediate superior, one of the company vice-presidents. His personal anxiety about John's disclosure also led him to share what he knew with another of his fellow managers. These decisions contributed to knowledge of John's condition being spread unofficially throughout the company.

As the rumors rapidly circulated, John sensed a changed attitude among his co-workers. A few responded to him as usual, but most seemed to avoid him. In fact, the rumors surrounding John had fuelled an outbreak of fear among the employees, especially those who had frequent contact with him during the course of the working day. The magnitude of the personnel problem became clear to company managers when they were suddenly confronted with the demand that something be done to protect other employees from contact with John. Questions were also being asked by a buyer for one of the company's clients, whose own shipping and receiving staff had somehow been made aware of John's condition. Faced with a public relations problem and a level of fear that was eroding worker productivity, the management had to act quickly.

Maintaining the strict confidentiality of all employee medical information should be an important objective of any company policy on AIDS or other illnesses/disabilities. Having a policy that ensures confidentiality increases the likelihood that infection or illness will be reported. Failure to ensure confidentiality could not only adversely affect employer/employee relations in general; it might also open the door to civil liability on the employer's part. Where there exist reasons for disclosing confidential medical information relating to an employee, that employee's consent should be sought (preferably in writing).

The most contagious thing about a case of AIDS or HIV infection in the workplace is the fear it can cause. Fear can have a serious effect on productivity, whether through employee absenteeism or work disruption. The only effective antidotes are education and a determination on the part of management to set a good example.

Anxiety and rumor could affect a company's relations with clients as well as with its employees. Indeed, the knowledge that a company's productivity could be affected or that liability might be incurred would affect the perceptions of those with whom it does business. Conversely, the knowledge that a company is acting to forestall future problems by adopting a preventive strategy and instituting an AIDS awareness campaign is likely to enhance the company's public stature and earn it respect for courage and foresight.

When first made aware of John's situation, senior management had considered the option of putting John on long-term disability leave, but decided that this was a potentially very expensive response. Now, it was decided instead to try and reassign John to a job that would virtually eliminate his need for personal contact with other employees or with clients and suppliers. Company managers hoped that this would address the most important concerns. They also decided that the company president should circulate a memo to all employees, outlining what had been done and explaining that they were not at risk of "catching" AIDS through casual contact with a carrier (such as John). The memo would further emphasize that the disease is known to be transmitted only during intimate sexual contact or through the entry of an infected person's blood into someone else's bloodstream (e.g., as when two people share the same needle to inject drugs).

Unfortunately this management response did not satisfy John. Having overcome his initial sense of depression with the help of supportive family members, John had resolved to carefully follow the course of treatment recommended by his doctor and try to carry on with his life, as before. Now, however, John had been reassigned to a job with fewer responsibilities than went with his former job.

Company policy should provide for preventive education of employees (i.e., initiated before anyone with the company is diagnosed as HIV-infected) as well as for reactive education (i.e., initiated if and when someone becomes affected). Efforts to develop and maintain among employees an informed and rational attitude toward the disease will likely need to be ongoing rather than limited to a single "blitz." Messages from senior company management should be directed at outlining company policy. Presentation of specific information about the disease is best left to someone with specific expertise on the subject of AIDS, whose credentials and ability to respond confidently to questions will enhance the credibility of the campaign. The most effective AIDS awareness strategy will rely on a variety of approaches, including distribution of literature (e.g., brochures), "stand-up" presentations, and/or video screenings.

The employee who merely carries the virus (an "asymptomatic carrier") will not be disabled in any way. For this reason, and because a "carrier" will not necessarily go on to develop AIDS, paid leave of absence could become prohibitively expensive. Even the employee who has AIDS or ARC might not qualify as "disabled" for insurance purposes: although such an employee may be affected by opportunistic infections, these can be treated and the employee can return to work as though from a bout of the 'flu. If a company has an existing group insurance plan offering extended medical benefits, that plan may cover certain costs incurred by the employee who has AIDS or ARC, just as it would cover similar costs associated with any other long-term and potentially fatal disease, such as cancer. Any new insurance policies should be reviewed with the insurer to determine whether they include specific exclusions for AIDS-related illness, in which case, the terms of insurance should be clarified and considered.

The current medical consensus is that the AIDS virus cannot be transmitted through casual contact (shaking hands, sharing a drinking glass, using the same washroom, etc.). Accordingly, the sole fact that an employee is infected with the AIDS virus does not constitute sufficient grounds for assigning that employee or any co-workers to duties that would eliminate the need for interaction. Education will help employees recognize that normal workplace interaction does not put them at risk of "catching AIDS" from a co-worker who is infected. As a final resort, however, company policies should provide for disciplinary measures where an employee refuses to accept routine work assignments involving casual contact with a co-worker who is infected.

Although his salary remained unaffected, it seemed he had been demoted to a position less interesting and attractive than what he might expect, given his skills and seniority. Feeling aggrieved, John came again to see Robert. Still sympathetic, Robert suggested that John should welcome a lighter workload, given his condition. He also indicated that there was little he could do to alter the situation.

John was not to be put off so easily, though. A more formal grievance procedure was initiated, and the company soon found itself the target of a legal action that sought redress and damages for John on various grounds. A review of the situation by company lawyers revealed the company's legal position to be difficult.

In the end, the entire matter proved very expensive for the company. Over a significant period of time, company managers were forced to devote attention and energy to the company's "AIDS crisis," leaving other problems unaddressed. To the legal cost of contesting the case were added the costs of a court-ordered settlement when the decision went against the company. John ended up being reinstated in his original job with the company, and some personnel disruption ensued: to allay fears among other employees upon his return to work, a comprehensive awareness campaign had to be undertaken. Even so, the matter had taken an incalculable human toll, leaving behind a legacy of suspicion as well as bitterness. The company had paid a heavy price for failing to deal preventively with the issue of AIDS in the workplace.

The importance of continued employment and job normalcy for the psychological and even physical health of the employee infected with the AIDS virus should never be underestimated. In dealing with such an employee, however, as in dealing with any other employee, an employer is entitled to make personnel adjustments, based on the employee's "ability to carry out the work associated with the job." If an employee's condition is such that he or she can no longer meet the demands of the job, a workload adjustment can and should be considered. In the case of an employee infected with the AIDS virus, the determination of ability to do the job should take account of medical advice. A company-appointed doctor can be asked to assess at regular intervals the condition of any employee whose work performance appears to be affected by the condition and certify that such an employee remains able to meet the demands of the job.

In Canada, there is very little case law related specifically to the issue of AIDS in the workplace (the decision In the Matter of an Arbitration between Pacific Western Airlines Ltd. and Canadian Air Flight Attendants Association is a notable exception). There are, however, several pieces of legislation that may be relevant. The Canadian Human Rights Act, the B.C. Human Rights Act, British Columbia's Health Act, and provincial labour legislation such as the Workers' Compensation Act and the Industrial Safety Regulations might all have a bearing on the determination of a particular case. An employer concerned about liability (e.g., for discrimination) would be advised to seek legal advice before taking any unusual personnel measures for dealing with an infected employee.

Policy Development

AIDS will not represent a threat for the company that is prepared. Being prepared means adopting a policy that (1) outlines how the company would respond were it known or believed that an employee had become infected with the AIDS virus and (2) makes provision for educating all employees about the issue and about the company's approach to dealing with it.

Many companies already have personnel policies that cover such issues as employee illness, long-term disability, and safety at the jobsite. However, AIDS presents some special policy problems, largely because of high levels of public fear and misunderstanding concerning a disease that is both communicable and potentially fatal. The fact that the medical consequences of infection are sometimes hard to predict or assess and can differ radically for different people also makes AIDS unique. Special adaptation of existing policies or development of new policies for dealing specifically with AIDS is therefore advisable. Further, because AIDS is a disease that will be with us for the foreseeable future, written policies are preferable to unwritten policies, whose details may not always remain clear to those responsible for implementation.

As with any company initiative, the first step in adopting a company policy on AIDS will be to select those responsible for policy development. It would be desirable to include senior management personnel, staff responsible for insurance and benefits, staff responsible for personnel relations, the company's legal advisor(s), an occupational health professional, and representatives of any union or employee association. Once constituted, the company's policy development group will find the following pages of this document a useful guide.

Of course, there will be costs associated with adopting the measures recommended here. However, these costs will seem small when compared to the costs that could be incurred through failure to take preventive action. Moreover, the Province of British Columbia is prepared to help by providing information and support literature (see the Resources section of this document). There may also be concern on the part of some managers that implementation of a preventive program dealing with AIDS will unnecessarily heighten employee anxiety and raise questions as to whether a problem exists in their company. In fact, the experience of other companies throughout North America that have adopted an AIDS policy and initiated an awareness campaign does not bear this out. They report that employees respond positively to evidence of employer concern and feel enhanced respect for the employer's honesty and courage in facing the issue.

Purpose and Philosophy

A variety of general aims may underlie the development of a company policy on AIDS. The policy may be founded on a desire to:

- reduce fear and forestall panic and disruption among employees
- maintain maximum stability and productivity in the workplace
- avoid discrimination and dampen prejudice among employees
- encourage anyone infected with the AIDS virus to report it and look to the company for support
- avoid incurring liability with respect to the management of AIDS (or other infectious diseases)
- contribute to curbing the spread of AIDS by providing information to employees
- enhance the company's profile as a socially conscious corporation (both among employees and among members of the public at large)
- minimize the financial costs of providing medical support for an employee who becomes infected with the AIDS virus or develops AIDS.

In the most immediate and practical sense, the purpose of the policy will be to provide guidance for company managers (and, to a lesser extent, other employees) faced with a case of HIV infection or AIDS hysteria in the workplace.

Whether or not all of the purposes of policy development are articulated, a general statement of philosophy should be developed. Such a statement might emphasize the company's commitment to addressing the issue of AIDS in the workplace and highlight the importance of non-discrimination as an important aspect of the company's stance. Also, because research into AIDS is ongoing and because the full legal and social ramifications of the AIDS epidemic in Canada have yet to become apparent, there should be a recognition that the policy may need to be updated from time to time.

Definitions and Medical Terms

From a medical point of view, AIDS is a complex and unusual disease. The effects of infection with the AIDS virus can vary widely from one person to another, and it is often impossible to give an exact prognosis to the person who is discovered to be infected with the AIDS virus. Some individuals will go rapidly from being infected to having the disease, AIDS, while others may be infected for years before showing any noticeable effects. The reasons for such a wide variance in the case histories of infected persons are not yet fully understood, but it seems likely that several "co-factors" are involved.

This situation holds some significance for policy development. Since the medical future facing the employee infected with the AIDS virus cannot be predicted with any certainty, a company's policy for dealing with such an employee should relate to the medical status of the employee as defined at the time. In practice, this means that the policy should take account of the differences in medical status denoted by the terms, *HIV, seropositive, asymptomatic carrier, ARC,* and *AIDS.* Definitions of these terms are included below. Company policy makers may wish to copy those definitions for inclusion in their own policy statements, making due provision for future revision of the definitions as required by changes in medical knowledge.

HIV

This is an abbreviation of the term Human Immunodeficiency Virus. HIV is the virus that causes AIDS. It is also called "the AIDS virus."

Seropositive (or "HIV Positive")

This refers to a positive blood test for antibodies to the AIDS virus. All persons with a positive test (seropositive) can transmit the infection. This includes asymptomatic carriers, ARC patients, and AIDS patients.

Asymptomatic Carrier (or "HIV Carrier")

This refers to someone who is infected with the AIDS virus (as evidenced by a positive blood test for HIV antibodies) but has no symptoms, signs or illnesses related to the infection. This asymptomatic carrier state is also called the "incubation period" and may last six months to ten years or more. The carrier is nonetheless infectious to others via the usual routes of transmission.

ARC

This is an abbreviation for AIDS Related Complex. ARC patients have damaged immune systems from AIDS virus infection, but the damage is not yet severe enough to cause them to get the rare cancers and infections that AIDS patients have. They are, however, sick with nonspecific symptoms such as fever, weight loss, fatigue, lymph gland enlargement, cough, etc. Half of ARC patients will progress to AIDS within two years.

AIDS

This is an abbreviation of the term Acquired ImmunoDeficiency Syndrome. The medical condition AIDS represents the terminal phase of infection with the AIDS virus. This virus gradually destroys the body's natural immunity. When an infected person's immunity finally fails, he or she will develop rare types of infections and cancers that do not affect people with normal immune systems. Only then does a person actually have "full-blown" AIDS. The majority of AIDS patients die within one to two years of diagnosis.

Medical Certification and Testing

One of the most controversial aspects of the entire AIDS issue is the question of employee testing. At present, the most widely used method of testing for AIDS virus infection involves screening a blood sample to discover if it contains antibodies to the virus. This test does not detect the virus itself. Being able to detect the particular antibody that the immune system forms in an attempt to combat the virus, however, allows medical personnel to infer that the virus is present. Although the test is relatively inexpensive to perform, routine, mandatory testing of employees or job applicants is not recommended, for several reasons:

- the antibody test is not foolproof; a positive antibody test (i.e., a test that detects antibodies in a person's blood sample) requires considerable corroboration in order to avoid the problems that a false reading might create; more importantly, a negative antibody test does not guarantee that a person is uninfected, since it usually takes the body two or three months to begin producing antibodies to the AIDS virus once someone has become infected; prior to developing antibodies, a person could be infected and infectious, yet still test negative

- for the employer, there are few obvious advantages to incurring an expense simply in order to find out whether any employees are infected – being infected with the virus does not in itself affect an individual's ability to perform the duties associated with most jobs; infection will not be transmitted to anyone else as a result of the casual contact that occurs in the workplace; and the need to maintain confidentiality would prevent the employer from sharing this information with anyone else

- institution of a mandatory testing program could be seen by many as a violation of human rights and could become an unnecessary focus of both public and internal controversy for a company

- any hiring or personnel decision made on the basis of test results could result in employer liability; under existing legislation, an employer could be accused of discrimination for using or appearing to use test results as a basis for making job decisions (see the section on Liability).

On the other hand, if the job performance of an employee infected with the AIDS virus is in any way impaired, an employer may wish to take steps to monitor that employee's condition. Doing so could benefit both the company and the employee. Company policy might accordingly require such an employee to obtain from a company-appointed physician a written certification of the employee's ability to continue performing his or her job duties. If consultation at regular intervals between the employee's doctor and the company-appointed physician were arranged, the employee's condition could be monitored on an ongoing basis. Necessary steps could then be taken in response to changes in the employee's condition (see the sections on Employee Disability and Risk to Co-workers).

Employee Disability

Any policy measures concerning the employee who has AIDS (or who is infected with the AIDS virus) should be consistent with the company's overall policy on employee medical records and on employee illness and disability. In many respects, existing policy provisions may suffice, although three areas deserve special consideration, given the somewhat unique situation created by AIDS: confidentiality of medical information, job accommodations for the affected employee, and benefits and medical support.

Confidentiality of Medical Information

Most existing company medical policies already provide for confidentiality of employee medical information. However, confidentiality is likely to be a particular concern where AIDS is involved. The person found to be infected with the AIDS virus will undoubtedly feel extremely vulnerable. He or she will be concerned about the possibility of devastating illness and death. Moreover, because infection with the AIDS virus has been associated with homosexuality and IV drug use, the infected person may also fear the stigmatization that could accompany public disclosure of the situation – loss of employment, loss of friendship and social standing, or overt manifestations of hostility and prejudice.

The company officer who learns from an employee that he or she has AIDS or is infected with the AIDS virus should address the issue of confidentiality with that employee. The employee's permission should be obtained before anyone else is informed. Those within the company who may legitimately need to be informed include the company's occupational health physician or nurse (if any) and the employee's immediate supervisor.

If a manager becomes aware through rumor of a possible case of infection, the employee in question should be approached and apprised of the situation. For example, the employee could be told that rumors are circulating and asked how management should respond. The employee in question, however, should not be asked directly if he or she is infected, since this could be construed as an attempt to extort confidential personal medical information. If the rumors are confirmed, the employee's support for management efforts to address the concerns of co-workers through education can be solicited (even if only to the extent of allowing the management to acknowledge the reality of the situation where he or she is concerned). In this event, the employee's written permission to have information made public should be sought, in order to protect the company against possible future liability arising from breach of confidence.

Employee Disability (continued)

Overall, the main point to be kept in mind is that although the employer has a responsibility to inform all employees of any workplace condition that might affect their health, that responsibility does not justify violating the confidentiality of the seropositive employee's medical records. Being infected with the AIDS virus does not in itself make someone a threat to co-workers.

Job Accommodations for the Affected Employee

Being infected with the AIDS virus does not necessarily make an employee disabled. In fact, the person who is infected may look and feel perfectly healthy. Yet, over time the infected person's immune system can become weaker, which makes the individual susceptible to a variety of unusual infections that a healthy immune system would normally protect against. The occurrence of one of these "opportunistic" infections can indicate a worsening of the infected person's condition and can justify a medical diagnosis of AIDS. It might also force him or her to take time off work, just as a case of the 'flu might incapacitate any employee. Opportunistic infections can generally be treated successfully, as long as the patient's immune system remains somewhat functional, but their repeated occurrence can reduce an employee's stamina and strength, as well as affecting attendance and performance records. Some reasonable job accommodations may consequently be advisable for the employee with AIDS or ARC. Possibilities include:

- adjusting work hours or instituting flex time
- providing extra rest breaks, time off, or leave to get treatment, as necessary
- modifying working conditions by providing special equipment, etc.
- allowing the employee to work at home
- changing the job description or arranging for a transfer.

When making decisions of this sort, an employer may wish to involve the employee affected, and possibly a union representative (if relevant). Indeed, the most workable solution will be one with which everyone agrees.

In the final analysis, though, an employer need only consider the employee's ability to perform the duties for which he or she was hired. In this regard, a medical opinion as to the employee's current ability to do the job may be crucial. Since the AIDS virus cannot be transmitted through casual contact, any job transfer or adjustment that appeared to be motivated primarily by a desire to minimize contact between an infected employee and co-workers or clients could be considered discriminatory. It might also be in contravention of a collective agreement (if one exists). Certification by an occupational health physician might consequently represent an important step in avoiding corporate liability, if job accommodations are being contemplated.

Benefits and Medical Support

Although the Medical Services Plan of British Columbia covers the costs of basic hospital care for everyone in the province, including persons with AIDS, many companies provide extended medical benefits for employees. Extended medical insurance plans can cover such things as employee disability leave and prescription drug costs – benefits that an employee infected with the AIDS virus might need to claim. Consequently, the possibility that an employee (either long-time or recently hired) might be affected by AIDS should be considered when a company establishes or renews an extended medical insurance policy.

Insurance companies in Canada presently deny personal coverage to people who test positive for the AIDS antibody because they feel the risks associated with the AIDS virus are too high to cover. Group insurance policies may also provide specific exclusion for costs arising from infection with the AIDS virus. In this case, the exact terms of the policy should be clarified and considered (it may be worthwhile to seek legal advice). The impact of any changes in insurance coverage for the company's Employee Assistance Program (or other benefits package) should be assessed. Staff responsible for personnel relations and employees covered by the program should be made aware of all changes.

Workplace Risks

There is very little risk that employees carrying out normal, day-to-day work assignments will become infected with the AIDS virus or will transmit the virus to anyone else, if infected. This holds true even for food service workers who are in constant contact with the public and who deal with food preparation, leftovers, dirty dishes, etc. The AIDS virus is a blood-borne organism, and its primary modes of transmission are well understood (see the section on Education).

The virus is not spread through physical contact such as shaking hands or hugging someone. It is not spread through teardrops, through coughing, or through sneezing. Nor is it spread when toilet facilities are shared. Although small amounts of the virus have been found in the saliva of a few infected persons, no cases of transmission have ever been associated with saliva. Outside the human body, the virus is extremely vulnerable and will not survive long unless contained in fresh blood or blood products. Dryness and heat will soon destroy it. Mild soaps and disinfectants (e.g., a solution of one part ordinary household bleach to nine parts water) are also sufficient to kill the virus. Furthermore, the virus will not pass through skin unless someone has abrasions or open wounds i.e., wounds not covered over with a scab).

Still, the opportunistic infections often associated with AIDS may represent a concern (particularly for the employee with full-blown AIDS), and in almost any work environment, accidents in which blood is spilt can occur. Health care workers and personnel who deal with blood or other body secretions in the course of their work may need to take special precautions, and the employer should be prepared to take steps accordingly (i.e., provide special training and equipment). Where precautionary measures are required, it is important to consult with employees or, in a unionized setting, with the union prior to the introduction of such measures. Care must be taken to avoid any pronouncements or actions which would reinforce potential apprehensions.

Opportunistic Infections

Because the AIDS virus attacks the human immune system, the person who is infected with the virus may become vulnerable to a variety of other infections or illnesses known as opportunistic infections. Although not a threat to anyone with a healthy immune system, these opportunistic infections can threaten the person infected with the AIDS virus, and may eventually be a cause of death for persons with AIDS. Consequently, contact with co-workers or clients represents a greater danger for the individual infected with the AIDS virus than for those same co-workers or clients: someone with a healthy immune system may carry a micro-organism that causes an opportunistic infection and yet be completely unaffected.

First Aid Precautions

A minor cut or scrape occurring on the job will not put anyone at risk of becoming infected with the AIDS virus, as long as routine precautions are taken. The wound should be properly cleaned, disinfected, and bandaged, and any work space or equipment contaminated with the blood of any worker, regardless of AIDS virus infection status, should be cleaned with soap and water or a disinfectant. In the food services industry, any food contaminated with blood should be discarded, as is already provided for in most existing health policies in that industry.

With respect to employee concerns about CPR (cardio-pulmonary resuscitation), companies may wish to provide mouthpieces, resuscitation bags, or other ventilation devices as standard first aid equipment, in order to minimize the need for emergency mouth-to-mouth resuscitation. Company policy and first-aid training procedures, however, should continue to provide for the use of mouth-to-mouth resuscitation in any emergency situation where mechanical devices are unavailable. The risk of AIDS virus transmission resulting from use of this life-saving procedure is so remote that no one administering first aid should hesitate to use it.

Health Care and Emergency Personnel

In August 1987, the Center for Disease Control in Atlanta issued updated recommendations for prevention of HIV (AIDS virus) transmission in health-care settings. These recommendations have been adopted by Health and Welfare Canada. Full details are contained in Morbidity and Mortality Weekly Report: Supplement, vol. 36, no. 2S (August 21, 1987). The following are the salient points:

1. Sharp items that have been used (needles, scalpel blades, and other sharp instruments) should be considered as potentially infected and be handled with extraordinary care to prevent accidental injuries.
2. Disposable syringes and needles, scalpel blades, and other sharp items should be placed into puncture-resistant containers, located as close as practical to the area in which they are used. To prevent needle stick injuries, needles should not be recapped, purposely bent, broken, removed from disposable syringes, or otherwise manipulated by hand.

3. When the possibility of exposure to blood or other body fluids exists, routine recommended precautions should be followed. The anticipated exposure may require gloves alone, as in handling items soiled with blood or equipment contaminated with blood or other body fluids, or may also require gowns, masks, and eye coverings when performing procedures involving more extensive contact with blood or body fluids, as in some dental or endoscopic procedures, or post mortem examinations. Hands should be washed thoroughly and immediately if they accidentally become contaminated with blood.
4. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, and other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable.

To these precautions should be added the recommendation that health care workers who have dermatitis, chapped hands, or fresh cuts must be especially careful to wear protective gloves when in a situation where they might come into contact with any blood or body fluids. Overall, North American statistics show that despite their extensive contact with infected and potentially infected individuals, the incidence of AIDS virus transmission to health care workers because of their work remains extremely low.

Grievance and Disciplinary Procedures

Any AIDS-related policy measures concerning grievance and discipline should be consistent with the company's overall policy on grievance and discipline. In a unionized setting, it is important that the union be consulted (particularly during the framing of policy) and that the collective agreement be applied consistently. Employee grievances and/or the need for discipline are most likely to relate to the question of job modification for the employee who is discovered to carry the AIDS virus or for co-workers.

Appropriate criteria for modifying the job or working conditions of an employee infected with the AIDS virus are identified in the section on Employee Disability. For co-workers, the employer has no obligation to provide any special accommodations beyond those identified in the section on Workplace Risks. Frequently, employee concern about a co-worker who is (or is thought to be) infected with the AIDS virus will manifest itself through absenteeism or refusal to work rather than through initiation of formal grievance procedures. Formal grievance procedures could include recourse to the provisions of a collective bargaining agreement or appeal to an outside agency such as the Workers' Compensation Board. In most cases, appropriate education about AIDS should serve to forestall employee responses founded on fear and misinformation.

Where group education does not satisfy a particular employee (e.g., someone who persists in opposing the company's policy on AIDS), individual discussion and/or counselling are recommended as an alternative to disciplinary measures. Ultimately, though, progressive disciplinary measures may be the sole recourse. These might result in an unattractive transfer, a demotion, or even outright dismissal and replacement. This aspect of company policy could be explained as part of any education/awareness campaign for company employees.

Liability

Liability for employers who have an employee infected with the AIDS virus could arise from the following actions:

- breach of confidence based on an unjustified disclosure of medical information
- a grievance under a collective agreement
- a wrongful dismissal action
- a complaint of discrimination (e.g., arising under the Human Rights Act)

In Canada, there is a limited amount of case law that specifically addresses the situation of a company in which an employee has AIDS or is infected with the AIDS virus. The most obviously relevant piece of case law is the decision rendered In the Matter of an Arbitration between Pacific Western Airlines and Canadian Air Flight Attendants Association (the case arose from a grievance under a collective agreement, and the decision was based on the law relating to labour arbitration). Companies faced with a situation of potential liability should seek a legal opinion that takes account of this decision

and that considers the relevance of the following pieces of legislation:

- the Canadian Human Rights Act (applies only to employers who come under federal jurisdiction)
- the B.C. Human Rights Act
- the British Columbia Health Act (might require an employer to disclose medical information to a medical health officer)
- the Workers' Compensation Act of British Columbia
- the Industrial Health and Safety Regulations, Workers' Compensation Board of British Columbia.

With respect to the question of discriminatory behaviour, it should be recognized that the employer of an employee infected with the AIDS virus is not the only party able to incur liability. Co-workers who threaten or otherwise harass the employee in question are also potentially liable. Whether or not they are aware of it, employers who do not take steps to redress the situation may be considered liable for such discriminatory treatment.

Education

Initiating an AIDS awareness/education campaign for employees is undoubtedly the single most important step a company can take to protect itself from the potential negative consequences of the AIDS epidemic. Pursuant to the aims and philosophy identified for the policy development process, the objectives of the awareness/education campaign should be to:

- disseminate factual information about the nature of the disease (causes, consequences, transmission, prevention)
- inform employees as to the specific provisions of company policy for dealing with employees who are infected with the AIDS virus
- identify the AIDS-related risks (if any) associated with specific jobs or work situations, emphasizing that there is no risk associated with casual contact
- explain and demonstrate the special protective procedures (if any) that employees should take when performing duties involving a risk of infection (if any)
- address specific concerns or questions that employees might have with respect to AIDS.

A campaign that successfully meets these objectives will also go a long way toward fulfilling the aims listed in the Purpose and Philosophy section of this document.

Given these objectives, most of the other policy decisions discussed in this document should be made prior to initiating the education/awareness campaign. It should also be kept in mind that the most effective campaign is one that provides for repeated exposure to the facts and ongoing attention to the issue, both preventively (i.e., before an employee ever becomes infected) and reactively (i.e., once the issue becomes of immediate concern to the company because a particular employee has been affected). As well, those responsible for planning the company's education/awareness campaign will need to recognize that managers, who are responsible for implementing the company's policy, require a greater amount of information and training with respect to AIDS than do other employees, who have no such responsibility.

What All Employees Need to Know

Included with the package containing this guide are two brochures published by the Province of British Columbia, "AIDS: What you should know" and "Questions about AIDS in the Workplace." These two brochures together contain all that the vast majority of employees need to know about AIDS (see the Resources section of this document for information on obtaining copies of these brochures). The main point to be emphasized is that employees are not at risk of "catching AIDS" at work. It should also be reiterated whenever the subject of AIDS is addressed that virtually all transmission occurs in one of four ways:

1. through sexual intercourse with someone infected with the AIDS virus
2. through sharing IV drug needles or syringes with an infected person
3. through transfusion of contaminated blood or blood products (in North America, all donated blood is now routinely screened to prevent transmission of the AIDS virus through transfusions, but transfusions may still pose a risk for someone travelling abroad)
4. from an infected mother to her baby during pregnancy or when breastfeeding.

The difference between being infected and actually having AIDS is also an important point that should be made (see the section on Definitions and Medical Terms).

In addition to knowing about the virus and the disease, employees should recognize that a co-worker who is infected with the AIDS virus should not be restricted from carrying out normal working activities (using office equipment and facilities) solely for this reason. In this regard, the company's policy on dealing with the employee who becomes affected can be explained. Employees whose work entails some element of risk (e.g., health care workers) should also be shown what procedures to follow in order to minimize the risk.

All of this information can be presented as part of a preventive education/awareness campaign. Once a situation arises in which employees know or suspect that a co-worker is infected with the AIDS virus, the same information remains relevant. However, employees may also need help in knowing how to respond to a co-worker who could be terminally ill, or may be concerned about reassuring anxious family members.

What Managers Need to Know

In addition to knowing what all employees should know about the AIDS virus and the disease, managers must be totally conversant with the company's policy on AIDS. The same is true for all personnel department or human resources staff. The success of efforts to educate employees requires that managers lend credibility by demonstrating support for the program and by setting a strong personal example.

Education of managers should be preventive rather than reactive, since the actions of managers presented with an outbreak of rumor or a case of infection may determine whether or not the matter becomes a costly corporate disaster. Those who are involved in policy development will of course require no additional training in this regard, but other managers may. Further, in the event of an employee becoming infected, that person's immediate supervisor may need to be sensitized to the psychological and emotional needs of someone who knows that infection could result in terminal illness.

Recommended Approaches for Education Awareness Campaigns

As noted above, the most effective education/awareness campaign will be an ongoing campaign that provides all employees with repeated exposure to the facts. Companies undertaking a preventive campaign will probably find the best initial approach to be something "low-key." Using existing in-house communication mechanisms to draw attention to the issue and articulate the company's commitment to action is a good idea. A company newsletter article, for example, would constitute a perfect communications vehicle, since it represents a familiar and routine venue for dissemination of information and is unlikely to generate a sense among employees that company action is prompted by the present condition of a particular individual.

Follow-up to the initial presentation of information can employ a variety of resources (see the Resources section of this document for more details) and involve a variety of approaches, used singly or in combination:

- distributing brochures
- displaying posters and information about the B.C. AIDS Line
- circulating a memo or information letter from an in-house authority on AIDS
- screening videos
- organizing information presentations that include a question-and-answer session
- providing one-on-one communication opportunities with an in-house expert on the subject for employees who have particular concerns (selective education).

Undoubtedly, the approach that has the most impact is the "stand-up" information presentation involving an outside expert on the subject of AIDS (for suggestions on finding an outside expert, see the Resources section). This approach ensures attention to the issue and allows for on-the-spot answers to employee questions – an important factor in allaying concern. The use of an outside speaker/trainer/consultant also offers advantages not associated with the use of in-house personnel. Not only is the outside expert usually more conversant with the subject area (and thus able to respond with utter confidence), but he or she will have added legitimacy in the eyes of employees by virtue of being independent of the corporation. The ability to handle personal fears, prejudices, and anxieties that an experienced outsider brings to the task, is an added bonus, when it comes to creating a calm and rational atmosphere for discussion. However, if questions arise related to the company's policy for dealing with employees affected by AIDS, these

questions should be addressed by a company manager or human resources staff member thoroughly familiar with the policy.

The typical information session could last about 90 minutes and involve a video screening as well as a short talk. Restricting the number of participants at any one session is advisable, as it allows the speaker to be more informal and allows time for all questions. It also helps if the outside speaker has a sense of the audience (e.g., existing level of knowledge) before beginning. The most successful speaker will acknowledge that fear and concern about AIDS are real and important emotions and defuse them using an informal, down-to-earth approach rather than arguing about or disagreeing with the emotions. Employees who object to the company's focus on AIDS or disagree with company policy on this matter can be asked to speak with the company's human resources or personnel staff.

With respect to the scheduling of information sessions and implementation of other parts of the education/awareness campaign, the company that adopts a reactive approach (i.e., making implementation of the campaign contingent upon discovery that an employee has become seriously affected) is advised to begin dissemination of information as soon as possible after the affected employee returns to work, if not before. Care should be taken not to jeopardize that employee's right to confidentiality, however. Generally, it is best to make attendance at information sessions optional rather than mandatory, to avoid creating the impression that there is cause for fear. Some of the more specific scheduling options include the following:

- devoting time from regularly scheduled staff meetings to sessions
- strongly encouraging employees to attend sessions held during non-working hours (e.g., lunch hour)
- arranging for a video on AIDS to be available for viewing at work (e.g., in the coffee room or lunch room) throughout the day
- scheduling sessions at the request of area or unit managers (unless managers are aware of the importance of preventive education, however, this approach may not meet the goal of adequately preparing employees for a situation in which a co-worker is discovered to be infected with the AIDS virus).

Ultimately, any decisions will take account of a variety of factors, including cost. It should be re-emphasized that the ultimate cost savings that result from initiating an AIDS education/awareness campaign for employees are likely to far offset any costs incurred in carrying out that campaign.

Resources

Obtaining resource materials to support an AIDS education/awareness campaign need not be a costly or time-consuming proposition for companies. A wide variety of educational/awareness materials are already available, and new materials are being produced all the time. A number of recommended resources are cited below.

In support of AIDS education throughout the province, the Ministry of Health's AIDS Awareness Project maintains a current collection of available materials. AIDS Awareness Project staff can answer questions about specific resource materials and will provide copies of several brochures on request (see the print resources list below). The AIDS Awareness Project is located at 828 W. 10th Ave., Vancouver, B.C. V5Z 1L8 and is open Monday to Friday, from 8:30 a.m. to 4:30 p.m. The telephone nos. are (604) 660-6220 and (604) 660-6173.

Print Resources

- Samples of two brochures that have been produced by the Ministry of Health ("AIDS: What you should know" and "Questions about AIDS in the workplace") are included with this document. Multiple copies of these brochures are available free of charge from the AIDS Awareness Project and are particularly suitable for general education in the workplace.
- A couple of more specialized brochures ("AIDS: Important information for health-care providers" and "AIDS antibody testing: What it's all about") have also been produced by the Ministry of Health. These brochures, recommended only for distribution to employees whose job might involve a slight risk of AIDS virus transmission, are also available free of charge from the AIDS Awareness Project.

- A pamphlet entitled "AIDS: The New Facts of Life" has been produced by Health and Welfare Canada in co-operation with the Canadian Public Health Association (August, 1987). This pamphlet is suitable for general education in the workplace. Copies are available free of charge from the AIDS Awareness Project. It is also available in French.
- A general readership brochure has been produced by the B.C. Medical Association ("AIDS: This information could save your life"). Copies can be obtained by contacting the B.C.M.A. at 115–1665 W. Broadway, Vancouver, B.C. V6J 5A4 telephone (604) 736-5551.
- Two useful books on the subject of AIDS (good reference for company educators and policy developers) are

  DePaul, Elizabeth and Miriam Liberman, Facts on AIDS for the Public, 1st ed. rev. (Ottawa: Canadian Public Health Association, 1987), 81 pp., $4.95, available from the C.P.H.A. 1335 Carling Avenue, Suite 210, Ottawa, Ont. K1Z 8N8 (613) 725-3769

  Grieg, James D., AIDS: What Every Responsible Canadian Should Know (Toronto: Toronto Sun Publishing/C.P.H.A., 1987), 142 pp., $3.50, available in bookstores.

Video Resources

- A 36-minute video entitled AIDS: The New Epidemic has been produced by the Ministry of Health and distributed to public health units and commercial video rental outlets throughout the province. Although designed for use with senior high school students, the video could be used as part of an adult education campaign, as it presents all the relevant clinical information about AIDS clearly and accurately (there is no charge involved in borrowing this video from a commercial outlet). Versions of this video for Cantonese, Hindi, and Punjabi speakers are also available free of charge from The Director, Health Education Branch, Preventive Services, Ministry of Health, 5–1, 1515 Blanshard St. Victoria, B.C. V8W 3C8.
- A good, concise, and recent (1987) commercial video entitled What Everyone Should Know is available from Gordon Watt Films, 3241 Kennedy Rd., Unit 3, Scarborough, Ont. M1V 2J8 (416) 291-9321, for $380.00.

B.C. AIDS Line

Companies wishing to provide confidential access to an authoritative and up-to-date source of information for their employees should post the B.C. AIDS Line phone number where it can be easily seen and recorded: 1-800-972-2437 (toll-free throughout B.C.) or 872-6652 (Vancouver).

Guest Speakers (Outside Experts)

Company managers wishing to arrange a "stand-up" education or question-and-answer session for company employees should contact the main Public Health Unit for their region. The Medical Health Officer (or someone recommended by the M.H.O.) will be qualified to speak authoritatively on the subject of AIDS. As well, the B.C. Medical Association (736-5551) can provide a listing of physicians who are available to address the subject. The following are the public health units that can be contacted (arranged by region):

#1 East Kootenay Health Unit
M.H.O. – Dr. A.G. Lowden
Telephone – 426-1300 (Cranbrook)

#2 Central Kootenay Health Unit
M.H.O. – Dr. N. Arnott
Telephone – 365-8525 (Castlegar)

#4 North Okanagan Health Unit
M.H.O. – Dr. A. Ross
Telephone – 545-0651 (Vernon)

#5 South Okanagan Health Unit
M.H.O. – Dr. W. Moorehead
Telephone – 762-2704 (Kelowna)

#6 South Central Health Unit
Acting Director – Ms. H. Parkyn
Telephone – 828-4411 (Kamloops)

#7 Upper Fraser Valley Health Unit
M.H.O. – Dr. M. L. Webb
Telephone – 795-8200 (Chilliwack)

#8 Central Fraser Valley Health Unit
M.H.O. – Dr. R. Guasparini
Telephone – 463-4184 (Maple Ridge)

#9 Boundary Health Unit
M.H.O. – Dr. W.G. Meekison
Telephone – 594-0441 (Surrey)

#10 Simon Fraser Health Unit
M.H.O. – Dr. A.S. Arneil
Telephone – 939-9261 (Coquitlam)

Resources (continued)

#11 Coast Garibaldi Health Unit
Acting Director – Ms. D. Read
Telephone – 892-3585 (Squamish)

#12 Capital Regional District
Regional Health Officer – Dr. P. Kendall
Telephone – 388-4421 (Victoria)

#13 Central Vancouver Island Health Unit
Acting Director – Ms. M. Vogan
Telephone – 754-4441 (Nanaimo)

#14 Upper Island Health Unit
M.H.O. – Dr. C. Donovan
Telephone – 334-1140 (Courtenay)

#15 Cariboo Health Unit
Health Unit Manager – Ms. A. White
Telephone – 398-4600 (Williams Lake)

#16 Skeena Health Unit
M.H.O. – Dr. D. Bowering
Telephone – 638-3310 (Terrace)

#17 Peace River Health Unit
Health Unit Manager – Ms. E. Lawrence
Telephone – 784-2400 (Dawson Creek)

#18 Northern Interior Health Unit
M.H.O. – Dr. J. Millar
Telephone – 565-7311 (Prince George)

Burnaby Health Department
Director – Dr. S. Hemming
Telephone – 294-7260 (Burnaby)

North Shore Health Department
Director – Dr. B. O'Connor
Telephone – 988-5231 (North Vancouver)

Richmond Health Department
Director – Dr. J. Garry
Telephone – 273-8381 (Richmond)

Vancouver Health Department
Director – Dr. John Blatherwick
Telephone – 736-2033 (Vancouver)

Other Private Sector Companies

Since efforts to educate employees have already been undertaken by a number of companies throughout Canada, employers may wish to investigate what resource materials have been developed in the private sector. Companies presently active in the area of AIDS education for the workplace include the Bank of Montreal, Petro-Canada, Northern Telecom Ltd., Imperial Life Assurance Co., and Mercantile and General.

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British Columbia Federation of Labour

British Columbia Medical Association, Occupational Health Committee

British Columbia Society of Medical Technologists

Business Council of British Columbia

Canadian Red Cross Society

Government Personnel Services Division

Ministry of Attorney General

Ministry of Labour and Consumer Services

Public Employers of British Columbia

Registered Nurses' Association of British Columbia

Vancouver Community College

Vancouver Health Department

Workers' Compensation Board of British Columbia

Appendix

PUBLIC SERVICE ACT DIRECTIVE

FOREWORD

This directive applies to all persons appointed under the Public Service Act.

The purpose of this policy is to ensure the appropriate management of employees or clients exposed to or infected with the Acquired Immune Deficiency Syndrome (AIDS) virus.

Medical research indicates that the AIDS virus is transmitted through intimate sexual contact, through infected blood entering the bloodstream, and through transmission from an infected mother to a fetus or newborn.

There is no evidence to date indicating the spread of the AIDS virus through casual contact. The following policies therefore support practices which do not arbitrarily or unnecessarily restrict infected individuals from employment. The policies also direct practices designed to protect both employees and clients from transmission of the AIDS virus.

POLICIES

DEFINITIONS

"AIDS" Acquired Immune Deficiency Syndrome
This is the most severe manifestation of the HIV infection. When an individual is diagnosed as having "AIDS" he/she is not only infected with HIV but the immune system is so damaged that otherwise rare diseases(called "opportunistic") develop.

"ARC" - Aids Related Complex
This condition reflects a moderate degree of immune damage from HIV infection.

"HIV" - Human Immunodeficiency Virus
This is the AIDS virus; it is also referred to as HTLV-III, ARV, LAV

"Sero Positive Tested"
A blood test has indicated that the individual is infected with the AIDS virus. There may be no signs of illness.

POLICIES (cont'd)

EMPLOYEES INFECTED WITH THE AIDS VIRUS

Medical Procedures

Infection with the AIDS virus will be treated as any medical problem with its related absences and disability. The employee's physician and/or Government Employee Health Services (GEHS) is responsible for evaluating the employee's health and for making recommendations to management regarding the employee's capacity to perform the duties of the position adequately and without endangering the health of himself/herself or others.

Right to Work

An employee known to be infected with the AIDS virus must not be restricted from work based solely on the diagnosis. Nor should the employee be restricted from using telephones, office equipment, toilets, showers, eating facilities, water fountains.

The employee may be restricted from his/her work where the employer, with benefit of medical opinion, deems that:

- the employee does not have the capacity to efficiently and reliably perform the duties of his/her position;
- the employee in undertaking the work would endanger the health of himself/herself or others;
- alternative work the employee may be able to adequately and safely perform is not available.

These circumstances will be handled as in other illness and disability cases.

Employees infected with the AIDS virus and who have defective immune systems are at increased risk of acquiring or experiencing serious complications of other infectious diseases. In those work environments offering exposure to infectious diseases, appropriate counselling and precautions to minimize exposure will be implemented by management under the direction of the treating physician. Should changes in work assignment be required, they should be handled as in any other disability case.

POLICIES (cont'd)

Right to Privacy

There exists no legal requirement for either a person infected with the AIDS virus, or his/her treating physician, to report the diagnosis to the employer. Should the employee choose to impart this information to the employer or to GEHS, the information will be treated with strictest confidentiality. As in all illness and disability cases any consultation between the employer or GEHS and the employee's personal physician will be with the employee's agreement.

EMPLOYEES EXPOSED TO THE AIDS VIRUS VIA CLIENTS OR CO-WORKERS

Policies and procedures are in place for the protection of employees in those occupations where exposure to blood of persons infected with the AIDS virus might occur in the course of duties. These will be followed in accordance with the general recommendations attached as Appendix I.

There is no known risk of transmission of the AIDS virus by casual contact. No precautionary procedures beyond normal hygienic practices are required in the standard office, school or factory settings.

Refusal to Work

An employee's refusal to work with a co-worker or client who is infected with the AIDS virus will be reasonably accommodated to the extent that the refusal is based on a reasonably held belief and that ministry operations can offer a reassignment of duties if such action is deemed warranted.

An employee's refusal will be deemed to be based on a reasonably held belief where:

- the employee's own state of health may render him/her more susceptible to acquiring other illnesses. For example, individuals undertaking chemotherapy treatment have weakened immune systems. They may therefore be at increased risk of contracting one of the ancilliary illnesses with which an AIDS victim is more readily afflicted. It is reasonable for the employer to request medical confirmation of this circumstance. Upon confirmation the employer should attempt to reassign duties so as to eliminate contact with the infected person. Note: It is not the AIDS infection which places the other employee at risk, but rather the ancilliary illnesses. Disclosure of these does not require disclosure of the AIDS infection.
- the employer has failed to implement appropriate precautionary measures including the provision of protective garments and equipment. Corrective action should be taken in accordance with the general recommendations attached as Appendix I.

POLICIES (cont'd)

Where the refusal is not deemed to be reasonable under circumstances described above, the employer must ensure that the employee understands the current medical knowledge and guidelines regarding AIDS and AIDS virus infection.

Where the employee continues to refuse to return to work, efforts will be made to implement a reassignment of duties.

CLIENT EXPOSURE TO INFECTED EMPLOYEES

Employees infected with the AIDS virus who have contact with patients, clients or the general public should not be restricted from their work on the basis of such contact unless they have other infections or illnesses which would restrict any worker within the specific work environment.

In environments where the nature of the work increases the risk of transmission of the AIDS virus to clients, precautionary procedures will be followed in accordance with the general recommendations outlined in Appendix I.

JOB APPLICANTS

A job applicant should not be questioned on whether he/she is infected by or has been exposed to the AIDS virus. Should that information be voluntarily imparted to the employer it cannot by itself serve to deny the opportunity for employment. Where the successful candidate in a competition is known to carry the AIDS virus, a job offer can be made conditional on a medical assessment of the candidate's capability to perform the essential components of the job reliably, efficiently and without endangering the health of himself/herself or others. That assessment will form the basis of a decision to confirm or deny employment.

It should be noted that the pre-existing condition of the illness may make the employee ineligible for benefits under the Long Term Disability Plan should related disability arise under circumstances specified by that plan.

EMPLOYEE AWARENESS

Much of the concern felt about the AIDS virus stems from a lack of information. Ministries may avail themselves of Ministry of Health resources designed to increase employee awareness and knowledge of AIDS and AIDS virus infection.

RESPONSIBILITIES

Deputy Ministers are authorized to:

- determine if an employee infected with the AIDS virus will continue in his/her regular position or will be offered alternative work;
- delegate this responsibility to other individuals in the ministry.

Government Employee Health Services (GEHS) is authorized to:

- provide advice and guidance to deputy ministers or their delegate upon request.

ACCOUNTABILITIES

Deputy Ministers are accountable for ensuring that:

- procedures regarding sick leave, return to work, work restrictions as applied to employees infected with the AIDS virus will be those applied for other illnesses or injuries;
- medical confirmation is received indicating that an infected employee is or is not capable of adequately performing the job without endangering the health of himself/herself or others;
- all medical records and information regarding the employee's condition be held in strictest confidence;
- an employee's request for privacy and confidentiality is unfailingly respected;
- specific measures referenced in Appendix I are in place for the prevention of transmission of the AIDS virus in those occupations where exposure to blood of infected persons might occur;
- educational material and specific counselling is provided to employees where requested or where the nature of the occupation requires it.

CANCELLATIONS

Not applicable

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